## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

UNIFORM LIMITED OFFERING EXEMPTION

## FORM D NOTICE OF SALE OF SECURITIES Prefix PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

| 14363             | 31/8      |
|-------------------|-----------|
| OMB APPR          |           |
| OMB Number:       | 3235-0076 |
| Expires:          |           |
| Estimated averag  | e burden  |
| hours per respons | se16.00   |
| SECURE OF         | NI V      |

Serial

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  | May SEC   |
|---|---|
| Filing Under (Check box(es) that apply):  | Mail Processing Section                             |
| A, BASIC IDENTIFICATION DATA  | 11AY 27/11118                                       |
| 1. Enter the information requested about the issuer   | ,   |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  OLD SOUTH OIL, LLC  | Washington, DC                                      |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 503 CHAMBERLAIN DRIVE, MARIETTA, OH 45750   | Telephone Number (Including Area Code) 740-591-0437 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)   | Telephone Number (Including Area Code)  PROCESSED   |
| Brief Description of Business OIL AND GAS PRODUCTION  | JUN 0 2 2008  |
| Type of Business Organization  corporation business trust  Iimited partnership, already formed Iimited partnership, to be formed  | please specif <b>JHQMSQM REUTERS</b> ty<br>company  |
| Actual or Estimated Date of Incorporation or Organization: OI2 OI8 Actual Esti  Urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction) | mated<br>e:<br>QH                                   |

## GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Secti 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A no and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or which it is due, on the date it was mailed by United States registered or certified mail to that address.



Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☑ Beneficial Owner ☑ Executive Officer ☐ Director General and/or Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Robert J. Chamberlain Business or Residence Address (Number and Street, City, State, Zip Code) 503 Chamberlain Drive, Marietta, OH 45750 Check Box(es) that Apply: General and/or Promoter Managing Partner Full Name (Last name first, if individual) Gary R. Davis Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 426, 1671 State Road Ridge, Middlebourne, WV 26149 General and/or | Beneficial Owner | Executive Officer | Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Cameron Garrison Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 690426, Charlotte, NC 28227 General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Robert M. Feldmeier Business or Residence Address (Number and Street, City, State, Zip Code) 415 Circle Drive, Paden City, WV 26159 General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Kean A. Weaver Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 430, Reno, OH 45773 General and/or Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or Promoter **Managing Partner**

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

|     |  |   | •                            |  | B. 13                                     | NFORMATI                                      | ION ABOU                                     | T OFFERI                                     | NG  |   | ·   |                      |                      |
|-----|--|---|------------------------------|--|---|---|--|--|---|---|---|----------------------|----------------------|
| ι.  | Flas the                                   | issuer solo                                   | l, or does ti                |  |   | ll, to non-a<br>Appendix.                     |  |  |   |   |   | Yes                  | No<br><b>x</b> i     |
| 2.  | What is                                    | the minim                                     | um investn                   |  |   | ٠,,   |  | _  |   |   |   | s 125                | 5,000.00             |
| 2.  |  |   |                              |  |   |   |  |  |   |   |   | Yes                  | No                   |
| 3.  |  |   | permit join                  |  |   |   |  |  |   |   |   | K                    |                      |
| 4.  | commis<br>If a pers<br>or states           | sion or sim<br>on to be lis<br>s, list the na | ilar remune<br>ted is an ass | ration for s<br>sociated pe<br>roker or de | olicitation<br>rson or ago<br>aler. If mo | of purchase<br>ent of a brok<br>ore than five | ers in conne<br>ter or deale<br>e (5) persor | ection with<br>r registered<br>is to be list | sales of sec<br>I with the S<br>ed are asso | curities in t<br>SEC and/or             | irectly, any<br>he offering,<br>with a state<br>ons of such |                      |                      |
|     | I Name (                                   | Last name                                     | first, if ind                | ividual)                                   |   |   |  |  |   |   |   |                      |                      |
|     |  | Residence                                     | Address (N                   | lumber and                                 | I Street, C                               | ity, State, Z                                 | Lip Code)                                    |  |   | _                                       |   |                      | _                    |
|     |  |   |                              |  |   |   |  |  |   |   |   |                      |                      |
| Nai | me of Ass                                  | sociated Br                                   | oker or De                   | aler                                       |   |   |  |  |   |   |   |                      |                      |
| Sta | tes in Wh                                  | nich Person                                   | Listed Ha                    | Solicited                                  | or Intends                                | to Solicit                                    | Purchasers                                   |  | -   |   |   |                      |                      |
|     | (Check                                     | "All States                                   | s" or check                  | individual                                 | States)                                   |   |  |  |   |   | ***************************************                     |                      | l States             |
|     | AL<br>II.<br>MT                            | AK<br>IN<br>NE<br>SC                          | AZ<br>IA<br>NV<br>SD         | AR<br>KS<br>NH<br>TN                       | CA<br>KY<br>NJ<br>TX                      | CO<br>LA<br>NM<br>UT                          | CT<br>ME<br>NY<br>VT                         | DE<br>MD<br>NC<br>VA                         | MA<br>ND<br>WA                              | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI  | HI<br>MS<br>OR<br>WY | MO<br>PA<br>PR       |
| Ful | Full Name (Last name first, if individual) |   |                              |  |   |   |  |  |   |   |   |                      |                      |
| Bus | siness or                                  | Residence                                     | Address (1                   | Number an                                  | d Street, C                               | City, State, I                                | Zip Code)                                    |  |   |   |   |                      |                      |
| Nai | me of As:                                  | sociated Bi                                   | roker or De                  | aler                                       |   | · <del></del> -                               | _  | *****  |   |   | <u> </u>  |                      |                      |
| Sta |  |   | Listed Ha                    |  |   |   |  |  |   |   |   |                      |                      |
|     | (Check                                     | "All States                                   | s" or check                  | individual                                 | States)                                   |   |  | ***************************************      | ***************************************     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |                      | I States             |
|     | AL IL MT                                   | AK<br>IN<br>NE<br>SC                          | IA<br>NV<br>SD               | KS<br>NH<br>TN                             | CA<br>KY<br>NJ<br>TX                      | CO<br>LA<br>NM<br>UT                          | ME<br>NY<br>VT                               | MD<br>NC<br>VA                               | MA<br>ND<br>WA                              | MI<br>OH<br>WV                          | GA<br>MN<br>OK<br>WI  | MS<br>OR<br>WY       | ID<br>MO<br>PA<br>PR |
| Ful | l Name (                                   | Last name                                     | first, if ind                | ividual)                                   | .,  |   | ,  |  |   |   |   |                      |                      |
| Bus | siness or                                  | Residence                                     | : Address (1                 | Number an                                  | d Street, C                               | City, State,                                  | Zip Code)                                    |  | ·   |   |   |                      |                      |
| Nai | me of As:                                  | sociated Bi                                   | oker or De                   | aler                                       |   |   |  |  |   | ·                                       |   |                      |                      |
| Sta | tes in Wi                                  | nich Persor                                   | Listed Ha                    | s Solicited                                | or Intends                                | to Solicit                                    | Purchasers                                   |  |   |   |   |                      |                      |
|     | (Check                                     | "All States                                   | s" or check                  | individual                                 | States)                                   |   | •••••••                                      |  |   |   | ***************************************                     | □ VI                 | 1 States             |
|     | AL<br>IL<br>MT                             | AK<br>IN<br>NE<br>SC                          | AZ<br>IA<br>NV<br>SD         | AR<br>KS<br>NH<br>TN                       | CA<br>KY<br>NJ<br>TX                      | CO<br>LA<br>NM<br>UT                          | CT<br>ME<br>NY<br>VT                         | DE<br>MD<br>NC<br>VA                         | DC<br>MA<br>ND<br>WA                        | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI  | MS<br>OR<br>WY       | MO<br>PA<br>PR       |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |  |
|----|--|-----------------------------|--|
|    | Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold                     |
|    | Debt   | S                           | s  |
|    | Equity   | \$                          | \$   |
|    | Common Preferred   |                             |  |
|    | Convertible Securities (including warrants)  | \$                          | \$   |
|    | Partnership Interests  | \$                          | \$   |
|    | Other (Specify Membership Interest in LLC  | 1,000,000.00                | \$ 90,000.00                               |
|    | Total  | 1,000,000.00                | \$ 90,000.00                               |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   | <del></del>                 |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             | Number<br>Investors         | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors   | 5                           | \$_1,000,000.00                            |
|    | Non-accredited Investors   |                             | \$ 0.00                                    |
|    | Total (for filings under Rule 504 only)  |                             | \$ 1,000,000.00                            |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             |  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |  |
|    | Turn of Officia  | Type of<br>Security         | Dollar Amount<br>Sold                      |
|    | Type of Offering  Rule 505   | 0                           | \$ 0.00                                    |
|    | Regulation A   | 0                           | \$ 0.00                                    |
|    | <del>-</del>   | 0                           | \$ 0.00                                    |
|    | Rule 504   | 0                           | \$ 0.00                                    |
|    | 1044   | 0                           | \$_0.00                                    |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |  |
|    | Transfer Agent's Fees  |                             | \$   |
|    | Printing and Engraving Costs   |                             | \$   |
|    | Legal Fees   |                             | \$_15,000.00                               |
|    | Accounting Fees  |                             | \$   |
|    | Engineering Fees   |                             | \$ 5,000.00                                |
|    | Sales Commissions (specify finders' fees separately)   |                             | \$   |
|    | Other Expenses (identify) consulting fees  | <b>.</b>                    | \$ 15,000.00                               |
|    | Total  |                             | \$ 35,000.00                               |

|     | C. OFFERING PRICE, NUMI   | BER OF INVESTORS, EXPENSES AND USE OF I  | PROCEEDS   |  |  |  |  |
|-----|---|--|--|--|--|--|--|
|     | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."   |  |  | \$   |  |  |  |
| 5.  | Indicate below the amount of the adjusted gross pro-<br>each of the purposes shown. If the amount for an<br>check the box to the left of the estimate. The total of<br>proceeds to the issuer set forth in response to Part | y purpose is not known, furnish an estimate and<br>the payments listed must equal the adjusted gross |  |  |  |  |  |
|     |   |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others                              |  |  |  |
|     | Salaries and fees   |  | \$   |  |  |  |  |
|     | Purchase of real estate   |  |  | \$   |  |  |  |
|     | Purchase, rental or leasing and installation of mac   | hinery   | \$   |  |  |  |  |
|     | Construction or leasing of plant buildings and fac  |  |  |  |  |  |  |
|     | Acquisition of other businesses (including the val offering that may be used in exchange for the assessuer pursuant to a merger)  | ts or securities of another  | □ \$   |  |  |  |  |
|     | Repayment of indebtedness   |  | <del></del>  |  |  |  |  |
|     | Working capital   |  |  | <del></del>  |  |  |  |
|     | Other (specify): ACQUISITION OF OIL AND GA  |  |  |  |  |  |  |
|     |   |  | \$   |  |  |  |  |
|     | Column Totals   |  | \$ <u>0.00</u>   | S 965,000.00                                       |  |  |  |
|     | Total Payments Listed (column totals added)   |  |  |  |  |  |  |
|     |   | D. FEDERAL SIGNATURE   |  |  |  |  |  |
| sig | e issuer has duly caused this notice to be signed by the<br>nature constitutes an undertaking by the issuer to fur<br>information furnished by the issuer to any non-acc  | nish to the U.S. Securities and Exchange Commis  | ssion, upon writte                                     | tle 505, the following<br>on request of its staff, |  |  |  |
| iss | uer (Print or Type)   | Signature  | Date   |  |  |  |  |
| O   | LD SOUTH OIL, LLC   | House Referre  | 5-2  | 71-08  |  |  |  |
| Na  | me of Signer (Print or Type)  | Title of Stores Frint or Type)   | <u>.                                    </u>           |  |  |  |  |
| ₹0  | BERT J. CHAMBERLAIN   | MANAGING MEMBER  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |

— ATTENTION ———

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|          |  | E. STATE SIGNATURE                        |                                     |                           |                               |
|----------|--|---|-------------------------------------|---------------------------|-------------------------------|
| 1.       | Is any party described in 17 CFR 230.26 provisions of such rule?   |   |                                     | Yes                       | No<br><b>⋉</b>                |
|          |  | See Appendix, Column 5, for state re      | sponse.                             |                           |                               |
| 2.       | The undersigned issuer hereby undertakes D (17 CFR 239.500) at such times as req   |   | fany state in which this notice is  | s filed a no              | tice on Form                  |
| 3.       | The undersigned issuer hereby undertake issuer to offerees.  | s to furnish to the state administrator   | s, upon written request, inform     | ation furr                | ished by the                  |
| 4.       | The undersigned issuer represents that the limited Offering Exemption (ULOE) of the of this exemption has the burden of estate | ne state in which this notice is filed an | d understands that the issuer cl    | entitled to<br>aiming the | the Uniform<br>e availability |
|          | sucr has read this notification and knows the c<br>uthorized person.   | ontents to be true and has duly caused    | this notice to be signed on its bel | nalf by the               | undersigned                   |
| Issuer ( | (Print or Type)  | Signature                                 | Date                                |                           |                               |
| OLD S    | SOUTH OIL, LLC   | North Wille                               | 5-                                  | Z/                        | -08                           |
| Name (   | (Print or Type)  | Title (Print or Type)                     |                                     |                           |                               |

MANAGING MEMBER

## Instruction:

ROBERT J. CHAMBERLAIN

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       | APPENDIX                       |  |  |                                      |  |  |              |          |  |  |
|-------|--------------------------------|--|--|--------------------------------------|--|--|--------------|----------|--|--|
| 1     | Intend<br>to non-a<br>investor | 2 I to sell accredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |              |          | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |
| State | Yes                            | No   |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount       | Yes      | No   |  |
| ΛL    | . ,                            |  |  |                                      |  |  |              |          |  |  |
| AK    |                                |  |  |                                      | <u> </u>   |  |              |          |  |  |
| AZ    |                                |  |  |                                      |  |  |              |          |  |  |
| AR    |                                |  |  |                                      |  |  |              |          | ,  |  |
| CA    | _                              |  |  |                                      |  |  |              |          | 1  |  |
| со    |                                |  |  |                                      |  |  |              |          |  |  |
| СТ    |                                |  |  |                                      |  |  |              |          |  |  |
| DE    |                                | ļ  |  |                                      |  |  |              |          | 1  |  |
| DC    |                                |  |  |                                      |  |  |              |          |  |  |
| FL    |                                |  |  |                                      |  |  |              | i -      |  |  |
| GA    |                                |  |  |                                      |  |  |              | ;        |  |  |
| НІ    |                                |  |  |                                      |  |  |              |          |  |  |
| ID    |                                |  |  |                                      |  |  |              |          |  |  |
| lL    |                                |  |  |                                      |  |  |              |          |  |  |
| IN    |                                |  |  |                                      |  |  |              | ,        | -  |  |
| IA    |                                |  |  |                                      |  |  |              | <u> </u> |  |  |
| KS    |                                |  |  |                                      |  |  |              | 1        | 1  |  |
| KY    |                                |  |  |                                      |  |  | _            | <u></u>  |  |  |
| LA    |                                |  |  |                                      |  |  |              |          |  |  |
| ME    |                                |  |  |                                      |  |  |              |          | 1  |  |
| MD    | · · · · ·                      |  |  |                                      |  |  |              |          | <u> </u>   |  |
| МА    |                                |  |  |                                      |  |  |              |          |  |  |
| МІ    |                                |  |  |                                      |  |  |              |          |  |  |
| MN    |                                |  |  |                                      |  |  | <del>-</del> | 1        | ;  |  |
| MS    |                                |  |  |                                      |  |  |              | 1        |  |  |

#### **APPENDIX** 2 3 1 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell offering price Type of investor and explanation of to non-accredited amount purchased in State waiver granted) offered in state investors in State (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes No State Yes No Investors Amount Investors Amount MO MT NE NVNH NJ NM NY Membership Rights & Equity 125,000.00 1 \$125,000.01 0 \$0.00 NC X X ND Membership Rights & Equity 625,000.00 2 \$6 \$625,000.0 0 \$0.00 ОН X Х ΟK OR PA RI SC SD TNTXUT VT VAWA Membership Rights & Equity 250,000.00 \$250,000.00 0 WV2 \$0.00 × x WΙ

|       |  |    |  | APP                                  | ENDIX  | <u> </u>                                 |        |     |  |  |
|-------|--|----|--|--------------------------------------|--|--|--------|-----|--|--|
| 1     |  | 2  | 3  |                                      | 4  |  |        |     |  |  |
|       | Intend to sell<br>to non-accredited<br>investors in State<br>(Part B-Item 1) |    | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |        |     | lification<br>tate ULOE<br>, attach<br>tation of<br>granted) |  |
| State | Yes  | No |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No   |  |
| WY    |  |    |  |                                      |  |  |        | (   | 1  |  |
| PR    |  |    |  |                                      |  |  |        |     | 1  |  |

